

Bail Bond Recovery Contract

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BAIL BOND UNIT P.O. BOX 9048 OLYMPIA, WA 98507-9048 (360)664-6624 FAX (360)570-7888

| Defendant/Fugitive Name | | | | |
|---|------------------------|---|-----------------------------|--|
| Last Known Address | | | | |
| Telephone No. () | | | | |
| Check one: | | | | |
| Bail bond agent requests that (RCW 10.19.160). | bail bonds for the per | son named above be revoke | d for reasons of insecurity | |
| Defendant failed to appear be forfeited: | efore the court on | and the | following bond(s) are | |
| Bail Bond No. | Amount | Case No. | Date Forfeited | |
| | | | | |
| | | | | |
| This contract is for service Bail Bond Agency Name Address Telephone No. () | | | | |
| | | _ Agency License No License No | | |
| AND Bail Bond Recovery Agent Name | | | | |
| Telephone No. () (If additional recovery agents, co | | cense No | | |
| Entered into this day, | | _, is an agreement for the purpose of locating, itive named below in exchange for lawful consideration. | | |
| Bail Bond Agent Signature <u>X</u> | | Date | | |
| Recovery Agent Signature X | | [| Date | |

Original signed copy must be kept in the Bail Bond Agent's records

Once filed, this application is a public record and is subject to public disclosure. RCW 42.56

| name(s) nere. | | |
|-------------------------------|------------|------|
| Bail Bond Recovery Agent Name | | |
| Telephone No. () | License No | |
| Recovery Agent Signature X | | Date |
| Bail Bond Recovery Agent Name | | |
| Telephone No. () | License No | |
| Recovery Agent Signature X | | Date |
| Bail Bond Recovery Agent Name | | |
| Telephone No. () | License No | |
| Recovery Agent Signature X | | Date |
| Bail Bond Recovery Agent Name | | |
| Telephone No. () | License No | |
| Recovery Agent Signature X | | Date |
| Bail Bond Recovery Agent Name | | |
| Telephone No. () | License No | |
| Recovery Agent Signature X | | Date |
| Bail Bond Recovery Agent Name | | |
| Telephone No. () | License No | |
| Recovery Agent Signature X | | |
| Bail Bond Recovery Agent Name | | |
| Telephone No. () | | |
| Recovery Agent Signature X | | Date |

If more than one bail bond recovery agent is contracted to recover this defendant, list additional

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